

Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid

600 Washington Street Boston, MA 02111 www.mass.gov/masshealth



Eligibility Operations Memo 08-13 September 15, 2008

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Director, MassHealth Operations

RE: Automated Match between MA21 and the Massachusetts Department of Public

Health Registry of Vital Records and Statistics

Introduction

Effective July 1, 2006, Massachusetts requires individuals who claim to be U.S. citizens or nationals to provide acceptable documentation of their citizenship and identity. This one-time verification is required during either the initial application process for new applicants or the MassHealth annual eligibility redetermination process for members who have not previously provided the documentation.

Effective September 7, 2008, in an effort to assist individuals in providing acceptable documentation of citizenship, MassHealth will institute an automated match process with the Massachusetts Department of Public Health Registry of Vital Records and Statistics (RVRS) to certify citizenship for a Massachusetts-born applicant or member, upon his or her request.

Changes to MassHealth Publications

MassHealth publications that were revised in August 2008 were updated to allow a Massachusetts-born applicant or member to request assistance in certifying citizenship through RVRS. The following publications will be revised.

- Medical Benefit Request (MBR) form a new Supplement D entitled "Help Getting Proof of U.S. Citizenship for Persons Born in Massachusetts" has been added.
- Senior Medical Benefit Request (SMBR) form a new Supplement B entitled "Help Getting Proof of U.S. Citizenship for Persons Born in Massachusetts" has been added.
- Eligibility Review Form (ERV) a new section entitled "U.S.
 Citizenship/National Status and Immigration Status" has been
 added. The section incorporates Request for Vital Statistics under the
 heading "U.S. Citizens."

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Changes to MassHealth Publications (cont.)

MassHealth Eligibility Review (MER) form — a new section entitled "U.S. Citizenship/National Status and Immigration Status" has been added. This section incorporates Request for Vital Statistics under the heading "U.S. Citizens."

Supplies of the revised MBR and SMBR are now available. Providers will be notified in Acute Inpatient Hospital Bulletin 135 and Community Health Center Bulletin 63.

MA21 Changes

A new person event, Request Vital Statistics (RVS), has been added to MA21. This event captures the information from the new "Help Getting Proof of U.S. Citizenship for Persons Born in Massachusetts" supplement, and generates the request to RVRS for confirmation of a Massachusetts birth record. It will also display the results of the match process.

Please see the attached instructions for more information on the RVS event.

Virtual Gateway and Importing to MA21

Starting September 7, 2008, the Virtual Gateway will collect additional information from applicants who request assistance in obtaining citizenship verification through RVRS. These enhancements correspond to the changes made to the paper MBR and SMBR.

The import of a Virtual Gateway MBR or SMBR to MA21 will continue as usual. All new questions will be imported to the new MA21 RVS event.

Match Process

To start the RVRS matching process, the individual must provide permission by completing the "Help Getting Proof of U.S. Citizenship for Persons Born in Massachusetts" supplement or the "U.S. Citizen" questions on the ERV or MER. An eligibility worker **should not** use the RVS event on MA21 unless a supplement has been completed and submitted by the applicant or member.

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Match Process (cont.)

When an individual requests assistance in obtaining citizenship verification through RVRS, the MA21 RVS event captures the information reported on the "Help Getting Proof of U.S. Citizenship for Persons Born in Massachusetts" supplement. MA21 generates the match request to RVRS only upon confirmation of the RVS event that the individual's citizenship has not been verified by any other automated match process or documentation.

If RVRS confirms a match to a birth record, the MA21 RVS event is updated to reflect a confirmed match and the receive date. In addition, the individual's MA21 Qualified Alien/Citizen (QAC) event is updated and verifies the citizenship status using "DPH" as the source and "BRTHCT" as the citizenship verification type.

If a match is not found, MA21 automatically generates a Request for Information (VC) notice. This notice includes a new paragraph indicating that MassHealth was unable to verify citizenship through RVRS and requires the individual to send his or her citizenship verification to MassHealth. A sample of this notice is attached to this memo.

Protecting Confidentiality of RVRS Data

MassHealth must protect the confidentiality of the data provided by an applicant or member on all MassHealth forms, as well as the results of the match process. Data related to the RVRS process may be used only for the purposes of citizenship verification and eligibility determinations for applicants and members.

Attachments

The following are attached to this memo:

- instructions and MA21 screens for the match process;
- a sample Request for Information (VC) notice when a RVRS match is unsuccessful; and
- a sample "Help Getting Proof of U.S. Citizenship for Persons Born in Massachusetts" supplement.

Questions

If you have any questions about this memo, please have your MEC designee contact the Policy Hotline.

Vital Statistics MA21 Match Process

MA21 Screen Updates

In order to support the new automated match process with Massachusetts Department of Public Health Registry of Vital Records and Statistics (RVRS) for verification of citizenship, a new event has been added to MA21. This new event, Request Vital Statistics (RVS), will capture the data elements from the "Help Getting Proof of U.S. Citizenship for Persons Born in Massachusetts" supplement and display the status of the match response from RVRS.

Request Vital Statistics (RVS)

To start the RVRS matching process, the individual must provide permission by completing the "Help Getting Proof of U.S. Citizenship for Persons Born in Massachusetts" supplement or the "U.S. Citizen" questions on the ERV or MER. An eligibility worker **should not** use the RVS event on MA21 unless a supplement has been completed and submitted by the applicant or member.

When the RVS event is selected, the new **Request Vital Statistics** event will be displayed for the selected member.

Request Vital Statistics Record Person Event Screen

```
Enter changes
Age: 43 PERMD280 | more > 
SSN: 011-10-1178 |
| PERPD280
Name: SAMPLE, JEAN
| ------ | /order
                                             | thers
| Current:
| Last Name: SAMPLE | First Name: JEAN | MI: | -----|
| DOB . . .: 06 21 1964 | Gender . .: F | Curr |
| Name at Time of Birth: | Mo |
| Last Name: | MI: | Incm
| Suffix...: ___
                     Gender....: _
| Mass Hospital Name.: _____
| *Mass City of Birth: ______
| Mother/Co-Parent(at time of birth):
| Last Name: _____ MI: _ |
| Mother's Maiden Name: _____
| Father/Co-Parent(at time of birth):
+-----+
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
  help retrn quit confm
    ⊘:00.1
                                               10/15
```

The following data fields will be automatically populated:

- Current Last Name;
- Current First Name;
- Current Middle Initial (MI);
- ate of Birth (DOB); and
- Current Gender.

```
Enter changes
+------Request Vital Statistics-----+ RMD011
| thers | Last Name: SAMPLE | First Name: JEAN | MI: | ------ | DOB . . .: 06 21 1964 | Gender . .: F | Curr | Name at Time of Birth:
| Last Name: SMITH_____ First Name: JEAN____ MI: _ |
                                                Incm
| Suffix...: ___
                       Gender.... F
| Mass Hospital Name.: MASSACHUSETTS GENERAL HOSPITAL
*Mass City of Birth: BOSTON______
| Mother/Co-Parent(at time of birth):
| Last Name: smith_____ First Name: Anne_____ MI: _
| Mother's Maiden Name: Brown____
| Father/Co-Parent(at time of birth):
+-----+
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF9---PF10--PF11--PF12---
  help retrn quit confm skip main
    ⊕:00.1
```

While the additional fields are not required, the more information provided increases the probability of a successful match with RVRS.

The following data fields are optional:

- Name at Time of Birth: Last Name;
- Name at Time of Birth: First Name:
- Name at Time of Birth: Middle Initial (MI);
- Suffix (such as, Jr., Sr., III);
- Gender at Time of Birth;
- Massachusetts Hospital Name;
- Massachusetts City of Birth (Press **PF1** for a list of options);
- Mother/Co-parent Name (Last, First MI);
- Mother's Maiden Name; and
- Father/Co-parent Name (Last, First MI).

Press **PF5** to confirm and send request to RVRS.

It is very important to "schedule the eligibility determination" rather than "do determination now." This is necessary for the system to send the data match and ensure that the appropriate request for information notice is generated.

NOTES:

- For individuals with a suffix (such as, Jr., Sr., III), because the MA21 HOH event does not have a suffix field, the last name field on the case may include the suffix. When completing the RVS event for these individuals, the "Current Name" section will list the name as is appears on MA21. Please be sure to update the "Name at Time of Birth" section to correct the last name and move the suffix in the appropriate field.
- If a RVS match is unsuccessful on the first attempt, information in the RVS event may be added or modified and a second match request will be generated.

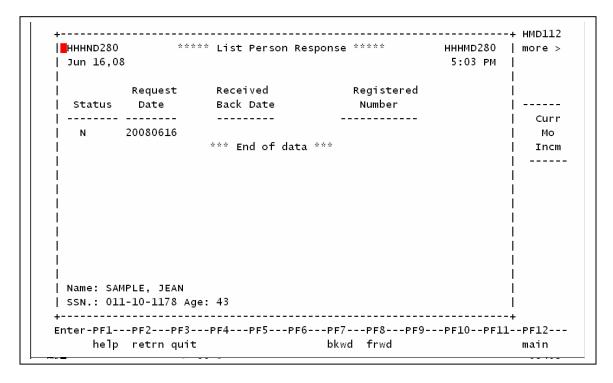
Request Vital Statistics Query Screens

There are two Query Screens for Request Vital Statistics. Query screen one, shown below, displays a summary of the information used for the RVS request.

```
Person displayed successfully
+------ HMD112
| PERPD280 Vital Statistics for HH: SAMPLE, JEAN PERMD280 | more >
1 -----
            HISTORY: 🛚
| Last Name: SMITH_____ First Name: JEAN_____ MI: _ | Incm
| Suffix...: ___
                      Gender...: F
| Mass Hospital Name.: MASSACHUSETTS GENERAL HOSPITAL
| *Mass City of Birth: BOSTON___
| Mother/Co-Parent(at time of birth):
| Last Name: SMITH_____ First Name: ANNE____ MI: _ |
| Mother's Maiden Name: BROWN__
| Father/Co-Parent(at time of birth):
| Last Name: SMITH_____ First Name: FRANCIS____ MI: _
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
  help retrn quit skip main
       ⊘:00.1
```

To display results of the RVS match process, type X in the History field and press enter. The "List Person Response" screen will appear.

RVS Query Screen 2



The "List Person Response" screen displays the following:

- Status of the Request
 - N new request
 - R requested to DPH for birth match
 - C − closed − request was processed and closed;
- Request Date date RVS match requested;
- Received Back Date date RVS response returned; and
- Registered Number birth record registered number.

Note: A future enhancement to MA21 will remove the Registered Number from the RVS Query event. The field will be replaced with an indicator to confirm (Y/N) if the RVRS match was successful. In **no event** will EOHHS authorized users or other EOHHS employees, agents, and contractors use or disclose the unique birth record registration number other than for purposes of citizenship verification and eligibility determination for an applicant or member.

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REVERE OFFICE 300 OCEAN AVENUE, SUITE 4000 REVERE MA 02151-3675

Tel: (800) 322-1448 Fax: (781) 485-3400

550/VC1-HCR CITOCI PREM 1 MAIN BOSTON MA 02111-0000

REQUEST FOR INFORMATION

Date: 04/30/2008 Notice: 1487008 SSN: 608-24-1111

Dear CITOCI PREM

MassHealth has received your application or review form but we need more information before we can make a decision about your eligibility for health-care benefits. The information we need is listed below. A list of acceptable documents that you may send us to verify this information appears further down on this notice.

You must send us all of the information we need by 06/16/2008. If you do not send us this information by this date:

- * your health-care benefits may be denied if you are applying; or
- * your health-care benefits may end if you are currently getting benefits.

If you believe you have already submitted all requested verifications or if you have any questions, call the phone number at the top of this notice.

Information We Need

We need verification of the following information from:

PREM, CITOCI

- Verification of Citizenship*
- Verification of Identity
- Income from Other Unearned

PREM, MOM

- Verification of Citizenship
- Verification of Identity

* MassHealth tried to verify your citizenship through an electronic match with the Massachusetts Registry of Vital Records and Statistics. We were unable to verify this information with the data that was available to us. Please see the section below called "Documents You May Submit" to learn how you can still verify your citizenship.

Documents You May Submit

Proof of Citizenship and Identity

If you are a citizen and we asked you to provide proof of citizenship and identity, you must send us the following:

Level 1-Acceptable Proof of Identity and Citizenship

Applicants or members born outside the U.S. who were not citizens at birth must submit one of the documents listed below (one of the following documents satisfies identity and citizenship):

- * U.S. passport;
- * Certificate of Naturalization (DHS Forms N-550 or N-570); or
- * Certificate of U.S. Citizenship (DHS Forms N-560 or N-561).

Level 2-Acceptable Proof of Citizenship

A proof from Level 2 can only be submitted if you cannot get a proof from Level 1 (you must also provide proof of identity):

- * U.S. birth certificate issued before 5 years of age, from one of the 50 U.S. states or U.S. territories or outlying possessions (with appropriate dates);
- * Report of Birth Abroad of a U.S. Citizen (Form DS-1350, FS-240, or FS-545);
 - * U.S. Citizen I.D. card (INS Form I-197 or Form I-179).

PLEASE NOTE: If you cannot get proof from Level 1 or Level 2, please look in the MassHealth Member Booklet or MassHealth + You Guide or go to www.mass.gov/masshealth for more information on proof of identity and the different levels of proof of citizenship.

Acceptable Proof of Identity

If you cannot get proof of citizenship and identity from Level 1 and you provide proof of citizenship from a different level, you must also provide proof of identity. Examples of proof of identity are below:

- * current state driver's license with your picture or other identifying information or state I. D. with your picture;
- * Certificate of Indian Blood or other U.S. American Indian or Alaska Native tribal document with your picture or other identifying information;
 - * school I. D. card with your picture;
 - * U.S. military card or draft record;
- * I. D. card issued by federal, state, or local government with your picture or other identifying information;
 - * military dependent's I. D. card; or
 - * U.S. Coast Guard Merchant Mariner card.

Children under age 16 may have their identity proven using other means when the child does not have or cannot get any proof on the above list.

- * daycare or nursery school record (with a photograph) showing date and place of birth; or
- * affidavit signed under penalty of perjury by a parent or guardian attesting to the child's date and place of birth.

The affidavit cannot be used if it was used to verify citizenship.

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If we asked you to verify citizenship and/or identity and you think you will need more time than we gave you on this notice, please call the phone number at the top of this notice to request an extension.

Income Information

Unearned income - Please send us one of the following showing gross income from each income source: a copy of your check stub or award letter; a statement from the company or agency issuing the payment or benefit; or your most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments.

Reminder: Gross income is your income from any source before deductions are taken out.

If you do not have any of the requested documents or you do not understand what you need to provide, please call an eligibility worker at the MassHealth Enrollment Center listed on the first page of this form.

Please include your name, social security number, and/or your date of birth on all correspondence.



Supplement D:

Help Getting Proof of U.S. Citizenship for Persons Born in Massachusetts



For office use only. Head of household name:

Head of household SSN:

Fill out one section below for EACH family member who is applying, was born in Massachusetts, and wants help getting proof of his or her U.S. citizenship through the Massachusetts Registry of Vital Records and Statistics.

Note: When filling out the sections below, be sure to print each family member's name as it would appear on his or her birth certificate.

Applicant's current last name	First	MI	Suffix (ex., "Jr.")	
Applicant's last name at time of birth (if different)	First	MI	Suffix (ex., "Jr.")	
Date of birth	Gender at time of birth (if different)			
Massachusetts hospital name	Massachusetts city of birth			
Mother/Coparent last name (at time of applicant's birth)	First	MI	MI Mother's maiden name	
Father/Coparent last name (at time of applicant's birth)	First	MI	MI	
Applicant's current last name	First	MI	Suffix (ex., "Jr.")	
Applicant's last name at time of birth (if different)	First	MI	Suffix (ex., "Jr.")	
Date of birth	Gender at time of birth (if different)			
Massachusetts hospital name	Massachusetts city of birth	Massachusetts city of birth		
Mother/Coparent last name (at time of applicant's birth)	First	MI	Mother's maiden name	
Father/Coparent last name (at time of applicant's birth)	First	MI	MI	
Applicant's current last name	First	MI	Suffix (ex., "Jr.")	
Applicant's last name at time of birth (if different)	First	MI	Suffix (ex., "Jr.")	
Date of birth	Gender at time of birth (if different)	Gender at time of birth (if different)		
Massachusetts hospital name	Massachusetts city of birth	Massachusetts city of birth		
Mother/Coparent last name (at time of applicant's birth)	First	MI	Mother's maiden name	
Father/Coparent last name (at time of applicant's birth)	First	MI		